

WATER VENDING MACHINE OPERATOR LICENSE APPLICATION

PLEASE COMPLETE THIS FORM FULLY—INCOMPLETE APPLICATIONS WILL BE RETURNED
See Page 2 for Instructions.

☐ NEW APPLICANT ☐ RENEWAL APPLICANT ☐ RELOCATION ☐ OWNERSHIP CHANGE ☐ OWNERSHIP AND LOCATION CHANGE

1. Name of Firm			9. Facility Operator (name and title)		
2. DBA (List additional DBAs on separate sheet if necessary.)			10. Facility Telephone Number ()		11. Facility FAX Number ()
3. Facility Address (number, street)			12. 24-Hour Emergency Telephone Number ()		13. E-mail Address
4. Facility Address (continued)			14. Correspondent (name and title)		
5. City	State	ZIP Code	15. Correspondent Telephone Number ()		16. Correspondent FAX Number ()
6. Mailing Address (if different or P.O. Box number)			17. Country (if other than United States)		18. FDA CFN or FEI Number
7. Mailing Address (continued)			19. Website (URL)		
8. City	State	ZIP Code			

20. Type of Ownership <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/Limited Liability Company <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other _____					
21. Corporate Name (if applicable)			State of Incorporation		
22. Owners' or Officers' Names and Titles _____ _____			Owners' or Officers' Names and Titles _____ _____		
23. Type of Water Dispensed <input type="checkbox"/> A—Drinking <input type="checkbox"/> J—Purified by Deionization <input type="checkbox"/> K—Purified by Reverse Osmosis <input type="checkbox"/> M—Other: _____					
24. Source Water District Name			25. Number of Machines Licensing		

26. FOR RENEWAL APPLICANTS ONLY

- a. Do you have records of required coliform and dissolved solids analyses available at each service location?..... ☐ Yes ☐ No
If no, please explain on a separate sheet.
- b. Do you have records of consumer complaints and their resolution at each service location?..... ☐ Yes ☐ No
If no, please explain on a separate sheet.

Water Machine Serial Number (use separate sheet if necessary)		Manufacturer		Model Number	
Name of Evaluation Certification Agency*			Certificate Issue Date		Expiration Date

* In order to receive a license from this Department, you must submit a copy of the certificate obtained from the National Automatic Merchandising Association (NAMA), Chicago, IL.

LICENSE FEE: \$14.92 PER MACHINE

MAKE CHECKS PAYABLE TO: DEPARTMENT OF HEALTH SERVICES

See Page 2 for Mailing Address.

By signature, I declare under penalty of perjury that all information provided herein is true and correct.

27. Signature		Date
Print Name		Print Title

PLEASE DO NOT WRITE BELOW THIS LINE

License Number	Expiration Date	Date Received	Payment Type	Amount \$
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Water Vending Machine Operator License Application Instructions

Please Type or Print your Application.

New Applicant/Renewal Applicant: Place an (X) in the box next to New Applicant if your firm has not previously applied for a Water Vending Machine Operator License at this location while under the current ownership. Place an (X) in the box next to Renewal Applicant if your firm has already obtained a Water Vending Machine Operator License and you are renewing that license. If this firm has changed location, ownership, or both, place an (X) in the box adjacent to the appropriate response.

1. **Name of Firm:** Enter full name of business, corporation, company, or organization applying for licensure.
2. **DBA:** Enter any other name(s) your company is doing business as.
- 3.–5. **Facility Address:** Enter the street, city, state, and ZIP code for this facility location.
- 6.–8. **Mailing Address:** Enter full mailing address if different from the facility address.
9. **Facility Operator:** Enter the full name of the person who manages the operations at this facility and their title.
10. **Facility Telephone Number:** Enter daytime business telephone number of this facility.
11. **Facility FAX Number:** Enter facility FAX number.
12. **24-Hour Emergency Telephone Number:** Enter telephone number to be called in the event of an emergency.
13. **E-mail Address:** Enter facility e-mail address.
14. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
15. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
16. **Correspondent FAX Number:** Enter the daytime business FAX number of the contact person.
17. **Country:** Enter the country where your facility is located if outside of the United States.
18. **FDA CFN or FEI:** Enter your U.S. Food and Drug Administration Central File Number or Federal Establishment ID if known.
19. **Website:** Enter the website address for your business if applicable.
20. **Type of Ownership:** Place an (X) in the box adjacent to the description of how your business is legally owned.
21. **Corporate Name:** Enter corporate name if applicable. Enter the State of Incorporation if applicable.
22. **Owners' or Officers' Names and Titles:** List the business owners' or officers' names and titles.
23. **Type of Water Dispensed:** Place an (X) in the box adjacent to the types of water products you dispense.
24. **Source Water District Name:** Enter the name of the water district providing the source water for your machines.
25. **Number of Machines Licensing:** Enter the number of machines that you are licensing.
26. **For Renewal Applicants Only:** Answer yes or no to questions a. and b. by placing an (X) in the box adjacent to the correct answer. Enter the water machine serial number, machine manufacturer, machine model number, name of evaluation certification agency, certificate issue date, and certificate expiration date. Attach a separate sheet if additional space is needed.
27. **Sign the application, enter date signed, and print your name and title.**

MAKE CHECKS PAYABLE TO:

DEPARTMENT OF HEALTH SERVICES

MAIL APPLICATION AND CHECK TO:

California Department of Health Services
Accounting Section/Cashiers
1501 Capitol Avenue, MS 1101
P.O. Box 997415
Sacramento, CA 95899-7415

Call the Food and Drug Branch at (916) 650-6500 if you have additional questions about this application.